

HINTS 2

HEALTH INFORMATION NATIONAL TRENDS SURVEY 2

MAIN STUDY INSTRUMENT

February 2005

NATIONAL CANCER INSTITUTE (NCI)

The Privacy Act requires us to tell you that we are authorized to collect this information by Section 411.285a, 42 USC. You do not have to provide the information requested. However, the information you provide will help the National Cancer Institute's ongoing efforts to promote good health and prevent disease. There are no penalties should you choose not to participate in this study.

The information we collect in this study is in accordance with the clearance requirements of the paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid control number from the Office of Management and Budget in the Federal Government. We estimate that it will take you between 25 and 30 minutes to answer our questions in this interview. This includes the time it takes to hear the instructions, gather the necessary facts, and complete the interview. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0538)

OMB # 0925-0538

Expiration Date: 11/30/2007

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HOUSEHOLD ENUMERATION (HE)

HE-0. [PHONE NUMBER]

USE AUTODIALER 1
BYPASS AUTODIALER 2

[SINTRO_1] Hello, this is {INTERVIEWER NAME} and I'm calling about an important study for the National Cancer Institute, a Federal government agency. Your household has been selected to participate in this nationwide survey about health issues related to cancer.

HE-1. Are you a member of this household and at least 18 years old?

YES 1 (HE-3)
NO 2
BUSINESS ADDRESS 3 (END STATEMENT 1)

HE-2. May I speak with a household member who is at least 18 years old?

[IF NEEDED: Household members include people who think of this household as their primary place of residence. It includes persons who usually stay in the household but are temporarily away on business, vacation, in a hospital, or living at school in a dorm, fraternity or sorority.]

AVAILABLE 1 (SINTRO_1)
NOT AVAILABLE 2 (MAKE APPOINTMENT)
THERE ARE NONE 3 (END STATEMENT 2)

HE-3. Is this phone number used for...

home use, 1
home and business use, or 2
business use only? 3 (END STATEMENT 1)

[HE-4 INTRO] I have some questions to see who in your household may be eligible to participate in this study.

HE-4. Including yourself, how many people aged 18 or older currently live in this household?

[IF NEEDED: Include people who usually stay in this household, but are temporarily away on business, vacation, or in the hospital. Do not include persons who are away on full-time active military duty with the armed forces, students living away from home in their own apartment, or any other family member who may be in a nursing home or other institution.]

OF ADULT HH MEMBERS

BOX HE-1

IF THERE ARE NO ADULT HH MEMBERS, GO TO END
STATEMENT.

IF ONLY 1 ADULT IN HH, GO TO HE-9.

OTHERWISE, RUN RESPONDENT SELECTION ALGORITHM.

IF RESPONDENT WAS SAMPLED, GO TO HE-9.

IF 2 ADULTS IN HH, GO TO HE-9.

IF 3 ADULTS IN HH, GO TO HE-5.

OTHERWISE IF MORE THAN 3 ADULTS IN HH AND
RESPONDENT WAS NOT SAMPLED, GO TO HE-6.

HE-5. The computer has randomly determined that one of the adults in the household other than yourself should participate in the rest of the interview. To help us select this person, may I please have the first name of the {older/younger} of these two adults? May I please have {his/her} age?

[PROBE FOR GENDER (IF NOT OBVIOUS).]

[IF NEEDED: I only need something that I can use to refer to {him/her}. Could you please give me {his/her} initials or something else that would allow me to identify {him/her}?]

NAME: _____

GENDER: MALE1 AND AGE: |__|__|
FEMALE.....2

DK (HE-8)
RF (END STATEMENT 2)

GO TO HE-10.

HE-6. The computer has randomly determined that one of the [HE-4 answer minus 1] adults other than yourself should participate in the rest of the interview. To help us select this person, do you know who has had the most recent birthday among these adults?

YES 1
NO 2 (HE-8)

HE-7. Other than yourself then, may I please have the first name of the adult who has had the most recent birthday? May I please have {his/her} age?

[PROBE FOR GENDER (IF NOT OBVIOUS).]

[IF NEEDED: I only need something that I can use to refer to {him/her}. Could you please give me {his/her} initials or something else that would allow me to identify {him/her}?]

NAME: _____

GENDER: MALE1 AND AGE: |__|__|
FEMALE.....2

GO TO HE-10.

HE-8. So that the computer can choose someone to interview, may I please have have the first names and ages of the [FILL # FROM HE-4 MINUS 1] adults currently living in this household? Please do not include yourself. May I please have {his/her} age?

[IF NEEDED: Include people who usually stay in this household, but are temporarily away on business, vacation, or in the hospital. Do not include persons who are away on full-time active military duty with the armed forces, students living away from home in their own apartment, or any other family member who may be in a nursing home or other institution.]

[IF NOT OBVIOUS, ASK: "Is {NAME} male or female?"]

[IF R ANSWERS DK OR RF TO IDENTIFYING HH MEMBERS, EXIT INTERVIEW.]

[IF NEEDED: I only need something that I can use to refer to {him/her}. Could you please give me {his/her} initials or something else that would allow me to identify {him/her}?]

<u>FIRST NAME</u>	<u>GENDER</u>	<u>AGE</u>
_____	MALE 1	
_____	FEMALE 2	_ _
_____	MALE 1	
_____	FEMALE 2	_ _
_____	MALE 1	
_____	FEMALE 2	_ _

BOX HE-2

RUN SELECTION ALGORITHM ON HH MEMBERS LISTED IN HE-8
TO SELECT EXTENDED RESPONDENT. THEN, GO TO HE-10.

HE-9. {May I please have your first name? May I please have your age?/The computer has randomly determined that the other adult in this household should participate in the rest of the interview. I would like to get the first name of this person so I can ask him or her to participate in the study. May I please have the first name of the other adult? May I please have {his/her} age?}

[PROBE FOR GENDER (IF NOT OBVIOUS).]

[IF NEEDED: I only need something that I can use to refer to {you/him/her}. Could you please give me {your/his/her} initials or something else that would allow me to identify {you/him/her}?]

NAME: _____

GENDER: MALE1 AND AGE: |_|_|
FEMALE.....2

HE-10. Besides the number I called, do you have other telephone numbers in your household that are for regular telephone usage? Please exclude telephone numbers that are dedicated for business use, faxes, or modems and all cell phones.

YES 1
NO 2

BOX HE-3

IF EXTENDED RESPONDENT = SCREENER RESPONDENT,
GO TO XINTRO_1.
OTHERWISE, CONTINUE.

HE-11. {(HH MEMBER) has been selected to participate in the next part of the study.} May I please speak to
(HH MEMBER)?

AVAILABLE 1 (XINTRO_1)
NOT AVAILABLE 2 (MAKE APPOINTMENT)

[XINTRO_1] {[Hello], my name is [INTERVIEWER'S NAME] and I am calling for a nationwide research study being conducted for the National Cancer Institute. This study is about health issues related to cancer.} You have been selected to participate in this important research study. Your participation is voluntary, and you can refuse to answer any questions or withdraw from the study at any time. However, all information obtained will be kept confidential to the extent the law allows. The interview will take about 25-30 minutes depending on your answers. {We know your time is important, so as a token of our appreciation, we will provide you with [INCENTIVE AMOUNT] once we complete the interview.}

GO TO NEXT SECTION.

END STATEMENT 1. Thank you, but we are only interviewing private residences. Good-bye.

**END STATEMENT 2. These are all the questions I have for you at this time. Thank you very much for your cooperation.
Good-bye.**

GROUP ASSIGNMENT (GA)

GA-0A. [AUTOFILL. ASK ONLY IF NECESSARY: May I please have your age?]

|_|_|_|.....(GA-0C)

AGE

DK (GA-0B)

RF (GA-0B)

GA-0B. Are you...

less than 18 years old,..... 1 (END STATEMENT 2)

between 18 and 34, 2

35 to 39, 3

40 to 44, or 4

45 or older? 5

DK 9 (END STATEMENT 2)

RF 8 (END STATEMENT 2)

GA-0C. [ASK IF NOT OBVIOUS: Are you male or female?]

MALE 1

FEMALE 2

GA-0D. WHICH LANGUAGE IS THIS INTERVIEW GOING TO BE CONDUCTED IN?

ENGLISH 1

SPANISH 2

{We are interested in conducting this survey over the Internet in the future./We are giving some respondents the option to complete the questionnaire on the Internet.} So, I need to ask you a few questions about your access to the Internet.

[INTERNET REFERS TO ALL SERVICES OFFERED BY AN INTERNET SERVICE PROVIDER. IT INCLUDES THE USE OF E-MAIL, THE WORLD WIDE WEB, BULLETIN BOARDS, CHAT GROUPS, DISCUSSION GROUPS, NEWS GROUPS, ON-LINE ORDERING FACILITIES, FILE TRANSFER (FTP), WEB TV, REAL AUDIO, ETC.]

GA-1. Do you ever go on-line to use the Internet or World Wide Web, or to send and receive e-mail?

YES 1

NO 2 (NEXT SECTION)

GA-2. Where do you go on-line from to use the Internet? [PROBE: Anywhere else?]

[CODE ALL THAT APPLY.]

HOME 11

WORK 12

SCHOOL 13

A PUBLIC LIBRARY 14

A COMMUNITY CENTER 15

SOMEONE ELSE'S HOUSE 16

SOME OTHER PLACE (SPECIFY)..... 91

BOX GA-1

IF GA-2 HAS ONLY 1 RESPONSE, GO TO BOX GA-2.
OTHERWISE, CONTINUE.

GA-3. Where do you use the Internet from most often?

HOME.....	1
WORK	2
SCHOOL	3
A PUBLIC LIBRARY	4
A COMMUNITY CENTER	5
SOMEONE ELSE'S HOUSE	6
[PLACE SPECIFIED IN GA-2].....	7

BOX GA-2

IF GA-2 = 11 (HOME), ASK GA-4A.
OTHERWISE, ASK GA-4B.

GA-4A. When you use the Internet at home, do you mainly access it through . . .

a telephone modem,	1
a cable or satellite modem,	2
a DSL modem,	3
a wireless device such as a PDA, or	4
some other way? (SPECIFY)	91

GO TO BOX GA-3.

GA-4B. When you use the Internet at [FILL GA-3], do you mainly access it through . . .

a telephone modem or	1
some other way?	2

BOX GA-3

IF INTERVIEW IS IN SPANISH, GO TO NEXT SECTION.
IF RANDOMLY ASSIGNED TO TELEPHONE,
GO TO NEXT SECTION.
IF RANDOMLY ASSIGNED TO CHOICE, CONTINUE.

GA-5. To make participation in this study as convenient as possible for you, you have the choice of completing the rest of the questions over the telephone or on the Internet. Which would you prefer?

TELEPHONE.....	1 (NEXT SECTION)
INTERNET.....	2

GA-6. We would like to e-mail the information you need to access the questionnaire on the Internet. What is your e-mail address?

EMAIL: _____ (END 2)

DOESN'T HAVE AN EMAIL ADDRESS	(GA-7)
DK	(GA-7)
RF.....	(GA-7)

GA-7. It is easier to give you the information for accessing the Internet questionnaire in writing, because you will need some detailed instructions. In order to mail you the information, I need your name and address.

DK (GA-08)
RF (GA-08)

FIRST NAME

LAST NAME

STREET ADDRESS1

STREET ADDRESS2

CITY

STATE

_____-_____
ZIP CODE

GO TO END2.

GA-8. Then, let me give you the information you need to access the web site over the phone. Do you have a pencil and paper? First, let me give you the web site address. It is [INSERT URL]. On the home page, you will be asked to log in with a unique name and password. Your login name is [FILL LOGIN] and your password is [FILL PASSWORD]. The survey will be available to you starting tomorrow evening.

[END2] Thank you for your time today. Please call us at 1-888-314-1133 if you have any questions about accessing the web site to complete the rest of the questions. If we haven't received your survey in 2 weeks, we will call you back to make sure you haven't had any problems getting onto the web site.

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HEALTH COMMUNICATION (HC)

BOX HC-1

IF RESPONDENT DOES NOT WATCH TV (HC-01a=95) THEN SKIP QUESTIONS
HC-02a, HC-03b, HC-03c, HC-08, HC-09 AND HC-13g.

IF RESPONDENT DOES NOT LISTEN TO THE RADIO (HC-01b=95) THEN SKIP
QUESTIONS HC-02b, AND HC-13e.

IF RESPONDENT DOES NOT USE THE INTERNET (GA-1=2) THEN SKIP
QUESTIONS HC-01c, HC-02c, HC-10, HC-11, HC-13f, AND
HC-14 THROUGH HC-16.

IF RESPONDENT CANNOT READ (HC-03a=9) THEN SKIP QUESTIONS HC-04,
HC-05, HC-13c AND HC-13d.

MEDIA EXPOSURE

Before the questions specifically about cancer, there are some questions about how you get information in general.

HC-01. On a typical weekday, about how many hours do you...

[IF GREATER THAN ZERO, BUT LESS THAN ONE HOUR, ENTER 1.]

[IF NOT APPLICABLE, ENTER 95.]

HOURS

- | | | |
|--|----------------------|----------------------|
| a. watch television? | <input type="text"/> | <input type="text"/> |
| b. listen to the radio? | <input type="text"/> | <input type="text"/> |
| c. use the Internet for personal reasons?..... | <input type="text"/> | <input type="text"/> |

HC-02. During a typical weekend, including both Saturday and Sunday, about how many hours do you....

[IF GREATER THAN ZERO, BUT LESS THAN ONE HOUR, ENTER 1.]

HOURS

- | | | |
|--|----------------------|----------------------|
| a. watch television? | <input type="text"/> | <input type="text"/> |
| b. listen to the radio? | <input type="text"/> | <input type="text"/> |
| c. use the Internet for personal reasons?..... | <input type="text"/> | <input type="text"/> |

HC-03. In the past seven days, how many days did you...

DAYS

[IF NOT APPLICABLE, ENTER 9]

- | | |
|---|----------------------|
| a. read a newspaper? | <input type="text"/> |
| b. watch the national news on television? | <input type="text"/> |
| c. watch the local news on television? | <input type="text"/> |

EXPOSURE TO HEALTH INFORMATION

The next few questions are about various ways you might get health information.

HC-04. Some newspapers or general magazines publish a special section that focuses on health. In the past 12 months, have you read health sections of the newspaper or of a general magazine?

YES..... 1
NO 2 (HC-08)

HC-05. About how often have you read such health sections in the past 12 months? Would you say....

once or more per week, or 1
less than once per week? 2

HC-06 AND HC-07 WERE DELETED.

HC-08. Some local television news programs include special segments of their newscasts that focus on health issues. In the past 12 months, have you watched health segments on the local news?

YES..... 1
NO 2 (HC-10)

HC-09. How often have you watched health segments on local news in the past 12 months? Would you say....

once or more per week, or 1
less than once per week? 2

HC-10. Some people notice information about health on the Internet, even when they are not trying to find out about a health concern they have or someone in the family has. Have you read such health information on the Internet in the past 12 months?

YES..... 1
NO 2 (HC-13)

HC-11. About how often have you read this sort of information in the past 12 months? Would you say...

once or more per month, or 1
less than once per month? 2

HC-12 WAS DELETED.

HC-13. How much would you trust information about health or medical topics [FILL SOURCE]? Would you say a lot, some, a little or not at all? (How about from [FILL SOURCE])?

[ASK IN RANDOM ORDER.]

	<u>A LOT</u>	<u>SOME</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>
a. from a doctor or other health care professional ...	1	2	3	4
b. from family or friends	1	2	3	4
c. in newspapers.....	1	2	3	4
d. in magazines.....	1	2	3	4
e. on the radio.....	1	2	3	4
f. on the Internet.....	1	2	3	4
g. on television.....	1	2	3	4

INTERNET USAGE FOR HEALTH

HC-14. Here are some ways people use the Internet. Some people have done these things, but other people have not. In the past 12 months, have you done the following things while using the Internet?

	<u>YES</u>	<u>NO</u>
a. Looked for health or medical information for yourself?	1	2
b. Looked for health or medical information for someone else?	1	2
c. Bought medicine or vitamins on-line?	1	2
d. Participated in an on-line support group for people with a similar health or medical issue?.....	1	2
e. Used e-mail or the Internet to communicate with a doctor or a doctor's office?	1	2
f. Looked for information about physical activity or exercise?.....	1	2
g. Looked for information about diet or nutrition?	1	2
h. Looked for information about protecting yourself from the sun?	1	2
i. Looked for information about quitting smoking?	1	2
k. Done anything else health-related on the Internet? (SPECIFY)_____	1	2

HC-14j WAS DELETED.

BOX HC-2

IF DID NOT LOOK FOR HEALTH INFO FOR SELF OR SOMEONE
ELSE ON INTERNET,
THEN GO TO INTRO TO NEXT SECTION.
OTHERWISE, CONTINUE.

HC-15. Have you ever talked to a doctor, nurse, or other health care provider about any kind of health information you have gotten from the Internet?

YES..... 1
NO 2 (NEXT SECTION)

HC-16. When you talked with a health care provider, how interested were they in hearing about the information you found on-line?
Were they...

very interested, 1
somewhat interested, 2
a little interested, or 3
not at all interested? 4

CANCER COMMUNICATION (CA)

TOUCHED BY CANCER

The next few questions are about your personal experience with cancer.

CA-01. Have you ever been told by a doctor that you had cancer?

- | | |
|---------------------------------------|-----------|
| YES..... | 1 |
| NO | 2 (CA-06) |
| YES, BUT IT WAS A MIS-DIAGNOSIS | 3 (CA-06) |

CA-02. What type of cancer was it, or in what part of the body did the cancer start? [PROBE: Anything else?]

[CODE ALL THAT APPLY.]

- | | |
|--|----|
| BLADDER CANCER..... | 10 |
| BONE CANCER | 11 |
| BREAST CANCER | 12 |
| CERVICAL CANCER (CANCER OF THE CERVIX)..... | 13 |
| COLON CANCER..... | 14 |
| ENDOMETRIAL CANCER (CANCER OF THE UTERUS)..... | 15 |
| HEAD AND NECK CANCER | 16 |
| HODGKIN'S LYMPHOMA | 17 |
| LEUKEMIA/BLOOD CANCER | 18 |
| LIVER CANCER | 19 |
| LUNG CANCER..... | 20 |
| MELANOMA | 21 |
| NON-HODGKIN'S LYMPHOMA | 22 |
| OTHER SKIN CANCER..... | 23 |
| ORAL CANCER..... | 24 |
| OVARIAN CANCER..... | 25 |
| PANCREATIC CANCER..... | 26 |
| PHARYNGEAL (THROAT) CANCER | 27 |
| PROSTATE CANCER | 28 |
| RECTAL CANCER | 29 |
| RENAL (KIDNEY) CANCER | 30 |
| STOMACH CANCER..... | 31 |
| OTHER (SPECIFY) | 91 |

CA-03. At what age or in what year were you first told that you had cancer?

[ENTER UNIT.]

UNIT

- | | |
|-----------|---|
| AGE | 1 |
| YEAR..... | 2 |

[ENTER {AGE/YEAR}.]

AGE/YEAR

CA-04. Did you undergo treatment for your cancer?

YES.....	1
NO	2 (CA-06)

CA-05. How long ago did you finish your treatment?

[ENTER UNIT.]

|_|_|
UNIT

MONTHS	1
YEARS.....	2
STILL IN TREATMENT	3 (CA-06)

[ENTER NUMBER.]

|_|_|_|
NUMBER

CA-06. Have any of your family members ever had cancer?

[IF INDICATE "DOESN'T HAVE FAMILY," CODE AS "NO FAMILY."]

YES.....	1
NO	2 (CA-08)
NO FAMILY	3 (CA-08)

CA-07. What type of cancer was it? [PROBE: Anything else?]

[CODE ALL THAT APPLY.]

BLADDER CANCER.....	10
BONE CANCER	11
BREAST CANCER	12
CERVICAL CANCER (CANCER OF THE CERVIX).....	13
COLON CANCER.....	14
ENDOMETRIAL CANCER (CANCER OF THE UTERUS).....	15
HEAD AND NECK CANCER	16
HODGKIN'S LYMPHOMA	17
LEUKEMIA/BLOOD CANCER	18
LIVER CANCER	19
LUNG CANCER.....	20
MELANOMA	21
NON-HODGKIN'S LYMPHOMA	22
OTHER SKIN CANCER.....	23
ORAL CANCER.....	24
OVARIAN CANCER.....	25
PANCREATIC CANCER.....	26
PHARYNGEAL (THROAT) CANCER	27
PROSTATE CANCER	28
RECTAL CANCER	29
RENAL (KIDNEY) CANCER	30
STOMACH CANCER.....	31
OTHER (SPECIFY)	91

INFORMATION SEEKING ABOUT CANCER

Next are some questions about looking for information on cancer. Please consider all sources of information such as the Internet, the library, friends, and health care professionals.

CA-08. Have you ever looked for information about cancer from any source?

YES..... 1
NO 2

CA-09. Not including your doctor or other health care provider, has someone else ever looked for information about cancer for you?

YES..... 1
NO 2 (BOX CA-1)

CA-10. Who was that? [PROBE: Anyone else?]

[CODE ALL THAT APPLY.]

SPOUSE..... 10
OTHER FAMILY MEMBER..... 11
FRIEND 12
CO-WORKER..... 13
INFORMATION SPECIALIST (E.G., LIBRARIAN)..... 14
OTHER (SPECIFY) _____ 91

BOX CA-1

IF RESPONDENT HAS NOT LOOKED FOR INFORMATION
FROM ANY SOURCE ON CANCER, NEITHER INDIVIDUALLY
NOR THROUGH SOMEONE ELSE,
THEN GO TO CA-17.
OTHERWISE, CONTINUE.
IF SOMEONE ELSE LOOKED FOR INFORMATION (CA-9=1), THEN
INCLUDE BRACKETED PHRASE IN CA-11 INTRODUCTION.

Think about the most recent time you looked for cancer-related information from any source {either on your own or by someone else looking for you}.

CA-11. About how long ago was that?

[ENTER UNIT.]

|_|
UNIT

DAYS AGO	1
WEEKS AGO	2
MONTHS AGO	3
YEARS AGO	4

[ENTER NUMBER.]

|_|_|
NUMBER

<p>BOX CA-2</p> <p>IF SP HAS NOT LOOKED FOR INFORMATION ABOUT CANCER THEMSELF, GO TO CA-17. OTHERWISE, CONTINUE.</p>
--

CA-12. The most recent time you wanted information on cancer, where did you go first?

[IF SP HAS MADE MORE THAN ONE SEARCH, PROBE FOR THE MOST RECENT SEARCH.]

BOOKS	1
BROCHURES, PAMPHLETS, ETC.	2
CANCER ORGANIZATION	3
FAMILY	4
FRIEND/CO-WORKER	5
HEALTH CARE PROVIDER	6
INTERNET	7
LIBRARY	8
MAGAZINES	9
NEWSPAPERS	10
SOMEONE WITH CANCER	11
TELEPHONE INFORMATION NUMBER (1-800 NUMBER)	12
OTHER (SPECIFY)	91

CA-13. What type of information were you looking for in your most recent search?

A SPECIFIC CANCER.....	10
CANCER ORGANIZATIONS	11
CAUSES OF CANCER / RISK FACTORS FOR CANCER	12
COPING WITH CANCER / DEALING WITH CANCER.....	13
DIAGNOSIS OF CANCER.....	14
INFORMATION ON CANCER IN GENERAL.....	15
PAYING FOR MEDICAL CARE / INSURANCE.....	16
PREVENTION OF CANCER	17
PROGNOSIS / RECOVERY FROM CANCER	18
SCREENING / TESTING / EARLY DETECTION.....	19
SYMPTOMS OF CANCER	20
TREATMENT / CURES FOR CANCER.....	22
WHERE TO GET MEDICAL CARE	23
OTHER (SPECIFY)	91

BARRIERS TO CANCER INFORMATION SEEKING

CA-14. Based on the results of your most recent search for information on cancer, how much do you agree or disagree with the following statements?

[IF SP HAS MADE MORE THAN ONE SEARCH, PROBE FOR THE MOST RECENT SEARCH.]

	STRONGLY <u>AGREE</u>	SOMEWHAT <u>AGREE</u>	SOMEWHAT <u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>
a. It took a lot of effort to get the information you needed. Would you say you.....	1	2	3	4
b. You felt frustrated during your search for the information. (Would you say you...).....	1	2	3	4
c. You were concerned about the quality of the information. (Would you say you...).....	1	2	3	4
d. The information you found was too hard to understand. (Would you say you...)	1	2	3	4

BOX CA-3

IF RESPONDENT DOESN'T USE INTERNET,
GO TO CA-17.

IF RESPONDENT'S MOST RECENT SEARCH
WAS ON THE INTERNET, GO TO CA-16.
OTHERWISE, CONTINUE.

CANCER INFO ON THE INTERNET

CA-15. Have you ever visited an Internet web site to learn specifically about cancer?

YES.....	1
NO	2 (CA-17)

CA-16. {Thinking about all the times you've looked for cancer information on the Internet,} {How/how} useful was the cancer-related information you got from the Internet? Would you say . . .

- | | |
|--------------------------|---|
| very useful, | 1 |
| somewhat useful, | 2 |
| a little useful, or..... | 3 |
| not at all useful? | 4 |

INFORMATION EFFICACY

CA-17. Overall, how confident are you that you could get advice or information about cancer if you needed it? Would you say...

- | | |
|-----------------------------|---|
| completely confident, | 1 |
| very confident, | 2 |
| somewhat confident, | 3 |
| a little confident, or..... | 4 |
| not confident at all? | 5 |

SOURCE PREFERENCES

CA-18. {The next time you have a strong need to get information about cancer, where will you go first?/Imagine that you had a strong need to get information about cancer. Where would you go first?}

- | | |
|--|----|
| BOOKS | 1 |
| BROCHURES, PAMPHLETS, ETC. | 2 |
| CANCER ORGANIZATION | 3 |
| FAMILY | 4 |
| FRIEND/CO-WORKER..... | 5 |
| HEALTH CARE PROVIDER | 6 |
| INTERNET | 7 |
| LIBRARY | 8 |
| MAGAZINES..... | 9 |
| NEWSPAPERS | 10 |
| TELEPHONE INFORMATION NUMBER (1-800 NUMBER)..... | 11 |
| SOMEONE WITH CANCER | 12 |
| OTHER (SPECIFY) _____ | 91 |

SOURCE RECOGNITION AND USE

CA-21. Before being contacted for this study, had you ever heard of...

	<u>YES</u>	<u>NO</u>	
c. the National Cancer Institute?	1	2	(CA-21e)
d. the National Cancer Institute's Cancer Information Service?	1	2	
e. the 1-800-4-Cancer information number?	1	2	
h. the 1-800-ACS-2345 cancer information number?	1	2	
i. Cancer Control of America?	1	2	

CA-21a, CA-21b, CA-21f and CA-21g WERE DELETED.

BOX CA-4

IF CA-21d AND CA-21e = NO,
THEN GO TO NEXT SECTION.

OTHERWISE, ASK CA-22 FOR EACH "YES" ANSWER
IN CA-21d AND CA-21e BEFORE MOVING ON TO
NEXT ITEM IN CA-21.

CA-22. Have you ever contacted it for information?

YES.....	1
NO	2

BOX CA-5

IF RESPONDENT HAS EVER LOOKED FOR CANCER
INFORMATION (CA-08=1) AND ANSWERED "NO" TO
CA-22e, THEN CONTINUE.
OTHERWISE, GO TO NEXT SECTION.

CA-23. Is there a particular reason you didn't contact it?

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PROSTATE CANCER (PC)

BOX PC-1

IF RESPONDENT IS MALE, IS 45 OR OLDER, AND HAS
NOT HAD PROSTATE CANCER, CONTINUE.
OTHERWISE, GO TO NEXT SECTION

The next few questions are about getting tested for cancer. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

PC-01. Have you ever heard of a PSA or prostate-specific antigen test?

YES..... 1
NO 2 (NEXT SECTION)

PC-02. Have you ever had a PSA test?

YES..... 1
NO 2 (INTRO TO PC-04)
HAD BLOOD TEST, BUT DK IF CHECKED PSA..... 3 (INTRO TO PC-04)

PC-03. When did you have your most recent PSA test?

A YEAR AGO OR LESS 1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS AGO 2
MORE THAN 2 BUT NOT MORE THAN 5 YEARS AGO 3
OVER 5 YEARS AGO..... 4

The next few questions are about discussions that health care providers might have had with you about the PSA test.

PC-04. Has a health care provider such as a doctor or nurse ever talked to you about a PSA test?

YES..... 1
NO 2 (NEXT SECTION)

PC-05. Thinking about the last time a health care provider talked to you about a PSA test, which of the following statements best describes your health care provider's recommendation about PSA tests?

That you should have a PSA test,..... 1
that you should NOT have a PSA test, or 2
your health care provider did not make a recommendation 3

PC-06. Thinking about the last time a health care provider talked to you about a PSA test, did your health care provider encourage you to ask questions or express any concerns you had about PSA testing? Would you say.....

yes, definitely, 1
yes, somewhat, or..... 2
no, not at all? 3
DID NOT HAVE ANY QUESTIONS OR CONCERNS ABOUT PSA..... 4

PC-07 DELETED.

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CERVICAL CANCER (CV)

BOX CV-1

IF RESPONDENT IS FEMALE AND HAS NOT HAD
CERVICAL CANCER, CONTINUE. OTHERWISE, GO TO
NEXT SECTION

The next few questions are about getting tested for cancer. A Pap smear is a test for cancer of the cervix.

CV-01. Have you ever had a Pap smear?

YES..... 1
NO 2 (CV-07)

CV-02. When did you have your most recent Pap smear?

A YEAR AGO OR LESS 1
MORE THAN 1 BUT NOT MORE THAN 3 YEARS AGO 2
MORE THAN 3 BUT NOT MORE THAN 5 YEARS AGO 3
OVER 5 YEARS AGO..... 4

CV-03. What was the main reason that you had this Pap smear?

ROUTINE ANNUAL PAP SMEAR OR PART OF
ROUTINE PHYSICAL EXAM..... 1
LAST PAP SMEAR WAS NOT NORMAL 2
A SPECIFIC PROBLEM 3
SOMETHING SHE HEARD / SAW / READ 4
SHE HAD NEVER HAD ONE AND THOUGHT SHE SHOULD 5
PREGNANCY / FOLLOW-UP TO BIRTH 6
OTHER (SPECIFY)..... 91

CV-04. You said your most recent Pap smear was {INSERT TIME FRAME FROM CV-02}. How long before that Pap smear was the previous one?

A YEAR OR LESS BEFORE 1
MORE THAN 1 BUT NOT MORE THAN 3 YEARS BEFORE 2
MORE THAN 3 BUT NOT MORE THAN 5 YEARS BEFORE 3
OVER 5 YEARS BEFORE..... 4

CV-05. Have you had a hysterectomy?

[IF NEEDED: A hysterectomy is an operation to remove the uterus (womb).]

YES..... 1 (CV-07)
NO 2

CV-06. When do you expect to have your next Pap smear?

- A YEAR OR LESS FROM NOW 1
- MORE THAN 1 BUT NOT MORE THAN 3 YEARS FROM NOW 2
- MORE THAN 3 BUT NOT MORE THAN 5 YEARS FROM NOW 3
- OVER 5 YEARS FROM NOW 4
- AM NOT PLANNING TO HAVE ANOTHER 5
- IF I HAVE SYMPTOMS 6
- WHEN DOCTOR / HEALTH PROVIDER RECOMMENDS 7

CV-07. How often do you think a woman your age should have a Pap smear?

- MORE THAN TWICE A YEAR..... 1
- TWICE A YEAR / EVERY SIX MONTHS 2
- ONCE A YEAR 3
- EVERY TWO YEARS 4
- EVERY THREE YEARS 5
- MORE THAN EVERY THREE YEARS 6
- NEVER 7

CV-08. Most medical organizations now recommend a Pap smear every three years for healthy adult women. Have you heard about this change in guidelines?

- YES..... 1
- NO 2

BOX CV-2

IF RESPONDENT DOES NOT PLAN TO HAVE ANOTHER PAP SMEAR (CV-06=5)
OR HAS HAD A HYSTERECTOMY (CV-05=1) , GO TO CV-10.
OTHERWISE, CONTINUE.

CV-09. Would you agree to have Pap smears every three years if your health care provider recommended it?

- YES..... 1
- NO 2

CV-10. Have you ever been treated for venereal warts or condyloma?

- YES..... 1
- NO 2

CV-11. Have you ever heard of HPV? HPV stands for Human Papillomavirus.

- YES..... 1
- NO 2 (NEXT SECTION)

CV-12. Have you ever been told by a health care provider that you had HPV infection?

- YES..... 1
- NO 2

CV-13. Next are some questions on your opinion about HPV.

	<u>YES</u>	<u>NO</u>
a. Do you think that HPV causes cervical cancer?	1	2
b. Do you think that HPV is a sexually transmitted disease?	1	2
c. Do you think that HPV infection is rare?	1	2
d. Do you think that HPV will often go away on its own without treatment?	1	2
e. Do you think HPV can cause abnormal Pap smears?	1	2
f. Do you think that HPV can affect a woman's ability to get pregnant?	1	2

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BREAST CANCER (BC)

BOX BC-1

IF RESPONDENT IS FEMALE, 35 YEARS OR OLDER AND HAS
NOT HAD BREAST CANCER, CONTINUE.
OTHERWISE, GO TO NEXT SECTION.

The next few questions are about breast cancer.

BC-01. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

YES..... 1
NO 2 (BC-03)

BC-02. When did you have your most recent mammogram to check for breast cancer?

A YEAR AGO OR LESS 1
MORE THAN 1 BUT NOT MORE THAN 2 YEARS AGO 2
MORE THAN 2 BUT NOT MORE THAN 5 YEARS AGO 3
OVER 5 YEARS AGO..... 4

BC-03 WAS DELETED.

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COLON CANCER (CC)

The next few questions are about colon cancer.

CC-01. Can you think of any tests that detect colon cancer? [PROBE: Anything else?]

[CODE ALL THAT APPLY. IF R DOES NOT KNOW NAME OF TEST, ENTER DESCRIPTION OF TEST IN OTHER, SPECIFY.]

[DO NOT NAME OR DEFINE TESTS FOR THE RESPONDENT.]

BARIUM ENEMA	10
BIOPSY	11
STOOL BLOOD TEST/FECAL OCCULT BLOOD TEST	12
COLONOSCOPY	13
DIGITAL RECTAL EXAM.....	14
ENDOSCOPY	15
PROCTOSCOPY	16
SIGMOIDOSCOPY	17
OTHER (SPECIFY)	91
NO/NOTHING	0

CC-02 AND CC-03 WERE DELETED.

BOX CC-1

IF RESPONDENT IS LESS THAN 45 YEARS OLD OR HAS HAD
COLON CANCER,
GO TO NEXT SECTION.
OTHERWISE, CONTINUE.

CC-04. Has a doctor, nurse or other health professional ever advised you to get a test to check for colon cancer?

YES.....	1
NO	2

CC-05. A stool blood test, also known as a Fecal Occult Blood Test, is a test done to check for colon cancer. It is done at home using a set of 3 cards to determine whether the stool contains blood. Have you ever done this test using a home kit?

YES.....	1
NO	2 (CC-07)

CC-06. When did you do your most recent stool blood test using a home kit to check for colon cancer?

- A YEAR AGO OR LESS 1
- MORE THAN 1 BUT NOT MORE THAN 2 YEARS AGO 2
- MORE THAN 2 BUT NOT MORE THAN 5 YEARS AGO 3
- OVER 5 YEARS AGO..... 4

CC-07. A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. Have you ever had either a colonoscopy or a sigmoidoscopy?

- YES 1
- NO 2 (NEXT SECTION)

CC-08. When did you have your most recent sigmoidoscopy or colonoscopy to check for colon cancer?

- A YEAR AGO OR LESS 1
- MORE THAN 1 BUT NOT MORE THAN 5 YEARS AGO 2
- MORE THAN 5 BUT NOT MORE THAN 10 YEARS AGO 3
- OVER 10 YEARS AGO..... 4

MENTAL MODEL OF CANCER: COLON (MM)

BOX MM-1

RESPONDENTS WILL BE RANDOMLY ASSIGNED TO RECEIVE
MENTAL MODEL QUESTIONS ON COLON, LUNG OR SKIN CANCER.

IF RESPONDENT IS ASSIGNED TO COLON CANCER, CONTINUE.

IF RESPONDENT IS ASSIGNED TO COLON CANCER BUT HAS HAD
COLON CANCER, GO TO THE NEXT SECTION.

IF RESPONDENT IS NOT ASSIGNED TO COLON CANCER, GO TO THE
NEXT SECTION.

MM-01. How likely do you think it is that you will develop colon cancer in the future? Would you say your chance of getting colon cancer is . . .

very low,.....	1
somewhat low,	2
moderate,.....	3
somewhat high, or	4
very high?	5

MM-02. Compared to the average person your age, would you say that you are . . .

more likely to get colon cancer,	1
less likely, or	2
about as likely?	3

MM-03. How often do you worry about getting colon cancer? Would you say . . .

rarely or never,.....	1
sometimes,	2
often, or.....	3
all the time?	4

MM-04. What are some things that people can do to reduce their chances of getting colon cancer?
[CODE ALL THAT APPLY.]

DON'T DRINK ALCOHOL.....	10
DON'T SMOKE.....	11
EAT FIBER	12
EAT FRUITS AND VEGETABLES.....	13
EAT HEALTHY / BETTER NUTRITION.....	14
EXERCISE.....	15
GET SCREENED FOR CANCER / GET TESTED FOR CANCER.....	16
HAVE REGULAR CHECK-UPS.....	17
OTHER (SPECIFY) _____	91

MM-05. Do you agree or disagree with the following statements?

	<u>AGREE</u>	<u>DISAGREE</u>
a. There's not much you can do to lower your chances of getting colon cancer. Would you say you.....	1	2
b. There are so many different recommendations about preventing colon cancer that it's hard to know which ones to follow. (Would you say you).....	1	2
c. Colon cancer develops over a period of several years. (Would you say you...)	1	2
d. There are ways to slow down or disrupt the development of colon cancer. (Would you say you....).....	1	2
e. Colon cancer is most often caused by a person's behavior or lifestyle. (Would you say you....).....	1	2
f. It seems like almost everything causes colon cancer. (Would you say you...).	1	2
h. You are reluctant to get checked for colon cancer because you fear you may have it. (Would you say you...).....	1	2
i. Getting checked regularly for colon cancer increases the chances of finding cancer when it's easy to treat. (Would you say you...)	1	2
l. People with colon cancer would have pain or other symptoms prior to being diagnosed. (Would you say you...).....	1	2

MM-05g, MM-05j AND MM-05k were deleted.

MM-06. What are the common symptoms of colon cancer?

[CODE ALL THAT APPLY.]

BLOOD IN STOOL	10
CHANGE IN BOWEL HABITS	11
CONSTIPATION	12
DIARRHEA	13
LOSS OF APPETITE	14
RECTAL BLEEDING.....	15
STOMACH PAIN	16
SWELLING	17
TIREDNESS / FATIGUE.....	18
VOMITING.....	19
OTHER (SPECIFY)	91

MM-07. Overall, how many people who develop colon cancer do you think survive at least 5 years? Your best guess is fine. Would you say.....

less than 25 percent,	1
about 25 percent,	2
about 50 percent,	3
about 75 percent, or.....	4
nearly all?	5

SKIN PROTECTION (SP)

The next few questions are about things people might do to protect themselves from the sun.

SP-01. When you go outside for more than 1 hour on a warm, sunny day, how often do you...

[IF R DOES NOT GO OUTSIDE ON A SUNNY DAY FOR MORE THAN ONE HOUR, CODE 95.]

	<u>ALWAYS</u>	<u>OFTEN</u>	<u>SOMETIMES</u>	<u>RARELY</u>	<u>NEVER</u>	<u>DOES NOT GO OUT ON SUNNY DAY</u>
a. wear sunscreen? Would you say	1	2	3	4	5	95 (SP-02)
b. stay in the shade? (Would you say...).....	1	2	3	4	5	
c. wear a hat that shades your face, ears and neck? (Would you say...)	1	2	3	4	5	
d. wear a long-sleeve shirt? (Would you say...).....	1	2	3	4	5	
e. wear long pants? (Would you say...)	1	2	3	4	5	

SP-02. How many times in the past 12 months have you used indoor tanning devices such as a sun lamp, a sun bed, or a tanning booth?

0 TIMES.....	1
1-2 TIMES.....	2
3-10 TIMES.....	3
11-24 TIMES.....	4
25 TIMES OR MORE.....	5

SP-03. How many times in the past 12 months have you used sunless tanning products? These are products that you either have sprayed on or which you apply to darken the color of your skin.

0 TIMES.....	1
1-2 TIMES.....	2
3-10 TIMES.....	3
11-24 TIMES.....	4
25 TIMES OR MORE.....	5

SP-04 WAS DELETED.

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MENTAL MODEL OF CANCER: SKIN (MM)

BOX MM-1

RESPONDENTS WILL BE RANDOMLY ASSIGNED TO RECEIVE MENTAL MODEL QUESTIONS ON COLON, LUNG OR SKIN CANCER.

IF RESPONDENT IS ASSIGNED TO SKIN CANCER, CONTINUE.

IF RESPONDENT IS ASSIGNED TO SKIN CANCER, BUT HAS HAD SKIN CANCER, GO TO THE NEXT SECTION.

IF RESPONDENT IS NOT ASSIGNED TO SKIN CANCER, GO TO THE NEXT SECTION.

The next few questions are about skin cancer.

MM-01. How likely do you think it is that you will develop skin cancer in the future? Would you say your chance of getting skin cancer is . . .

very low,.....	1
somewhat low,	2
moderate,.....	3
somewhat high, or	4
very high?	5

MM-02. Compared to the average person your age, would you say that you are . . .

more likely to get skin cancer,.....	1
less likely, or	2
about as likely?	3

MM-03. How often do you worry about getting skin cancer? Would you say . . .

rarely or never,.....	1
sometimes,	2
often, or.....	3
all the time?	4

MM-04. What are some things that people can do to reduce their chances of getting skin cancer?
[CODE ALL THAT APPLY.]

DO NOT USE TANNING BEDS / TANNING SALONS	10
GET SCREENED FOR CANCER / GET TESTED	11
HAVE REGULAR CHECK UPS	12
STAY OUT OF THE SUN	13
WEAR PROTECTIVE CLOTHING / HAT.....	14
WEAR SUNSCREEN.....	15
OTHER (SPECIFY) _____	91

MM-05. Do you agree or disagree with the following statements?

	<u>AGREE</u>	<u>DISAGREE</u>
a. There's not much you can do to lower your chances of getting skin cancer. Would you say you.....	1	2
b. There are so many different recommendations about preventing skin cancer that it's hard to know which ones to follow. (Would you say you).....	1	2
c. Skin cancer develops over a period of several years. (Would you say you....)	1	2
d. There are ways to slow down or disrupt the development of skin cancer. (Would you say you....).....	1	2
e. Skin cancer is most often caused by a person's behavior or lifestyle. (Would you say you....).....	1	2
f. It seems like almost everything causes skin cancer. (Would you say you....).	1	2
h. You are reluctant to get checked for skin cancer because you fear you may have it. (Would you say you...).....	1	2
i. Getting checked regularly for skin cancer increases the chances of finding cancer when it's easy to treat. (Would you say you...)	1	2
l. People with skin cancer would have pain or other symptoms prior to being diagnosed. (Would you say you...)	1	2

MM-05g, MM-05j AND MM-05k were deleted.

MM-06. What are the common symptoms of skin cancer?

[CODE ALL THAT APPLY.]

ABNORMAL GROWTHS	10
BLISTERS	11
BLOTCHES	12
LESIONS	13
MOLE / CHANGE IN MOLE.....	14
PIGMENT DISCOLORATION.....	15
RASH.....	16
REDNESS OF SKIN	17
OTHER (SPECIFY)	91

MM-07. Overall, how many people who develop skin cancer do you think survive at least 5 years? Your best guess is fine. Would you say.....

less than 25 percent,	1
about 25 percent,	2
about 50 percent,	3
about 75 percent, or.....	4
nearly all?	5

TOBACCO USE (TU)

TOBACCO SCREENER

Next are some questions about your use of cigarettes.

TU-01. Have you smoked at least 100 cigarettes in your entire life?

[IF NEEDED: 5 Packs = 100 Cigarettes.]

YES.....	1
NO	2 (TU-17)

TU-02. Do you now smoke cigarettes . . .

every day,	1
some days, or	2 (TU-4)
not at all?	3 (TU-11)
DK.....	9 (TU-17)
RF	8 (TU-17)

TU-03. On the average, how many cigarettes do you now smoke a day?

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 76 OR MORE, ENTER 76.]

 |_|_|
NUMBER OF CIGARETTES

GO TO TU-7.

TU-04. On how many of the past 30 days did you smoke cigarettes?

 |_|_|
DAYS

TU-05. On the average, on those {FILL WITH TIME PERIOD FROM TU-04} days, how many cigarettes did you usually smoke each day?

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 76 OR MORE, ENTER 76.]

 |_|_|
NUMBER OF CIGARETTES

QUIT ATTEMPTS

BOX TU-1

IF SMOKED 12 OR MORE OF THE PAST 30
DAYS (TU-04=>12), GO TO TU-07.
OTHERWISE, CONTINUE.

TU-06. During the past 12 months, have you tried to quit smoking completely?

YES..... 1
NO 2

GO TO TU-10.

TU-07. Have you ever stopped smoking for one day or longer because you were trying to quit smoking?

YES..... 1
NO 2 (TU-09)

TU-08. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

|_|_|_|
TIMES

TU-09 WAS DELETED.

TU-10. Are you seriously considering quitting smoking within the next 6 months?

YES..... 1
NO 2

BOX TU-2

IF SMOKE EVERY DAY OR SOME DAYS, GO TO TU-17.
OTHERWISE, CONTINUE.

FORMER SMOKERS

TU-11. About how long has it been since you completely quit smoking cigarettes?

____|____|____|
TIME

____|____|
UNIT

[ENTER UNIT.]

DAYS 1
WEEKS..... 2
MONTHS 3
YEARS..... 4

TU-12. Have you ever smoked cigarettes every day for at least 6 months?

YES..... 1
NO 2 (BOX TU-3)

TU-13. When you last smoked every day, how many cigarettes did you usually smoke each day?

[IF NEEDED: 1 Pack = 20 Cigarettes.]

[IF LESS THAN ONE A DAY, ENTER 0. IF 76 OR MORE, ENTER 76.]

____|____|____|
NUMBER OF CIGARETTES

BOX TU-3

IF QUIT SMOKING OVER 1 YEAR AGO, GO TO TU-17.
IF QUIT SMOKING 1 YEAR AGO OR LESS,
CONTINUE.

TU-14. Around this time 12 months ago, were you smoking cigarettes.....

every day, 1
some days, or 2
not at all? 3

TU-15 DELETED.

ALL RESPONDENTS

TU-16 DELETED.

TU-17. If a new cigarette were advertised as less harmful than current cigarettes, how interested would you be in trying it?
Would you say . . .

very interested, 1
somewhat interested, or..... 2
not interested? 3

TU-18. Next are some questions about new types of tobacco products that have been recently introduced. Have you ever heard of a tobacco product called....(How about...)

	<u>YES</u>	<u>NO</u>
a. Eclipse?	1	2
b. Quest?	1	2
c. Marlboro UltraSmooth?.....	1	2
d. Ariva?	1	2
e. Revel?	1	2

TU-18f, TU-18g, TU-18h AND TU-18i WERE DELETED.

ASK TU-19 FOR EACH "YES" ANSWER IN TU-18
BEFORE ASKING NEXT ITEM IN TU-18.

TU-18jl. Have you heard of any other types of new tobacco products? These would include products like Accord, Advance, Omni, Exalt and Stonewall.

YES..... 1
NO 2 (BOX TU-5)

BOX TU-5

IF TU-18a THROUGH TU-18jl = NO, THEN GO TO NEXT SECTION.

TU-18jll. What other new products have you heard of?

[CODE ALL THAT APPLY.]

ACCORD 1
ADVANCE 2
OMNI 3
EXALT 4
STONEWALL..... 5
OTHER (SPECIFY)_____91

ASK TU-19 INDIVIDUALLY FOR EACH ITEM LISTED IN TU-18jll.

TU-19. How did you hear about {FILL TU-18a-jII}? [PROBE: Anything else?]

[CODE ALL THAT APPLY.]

FROM A DOCTOR OR HEALTH CARE PROVIDER	10
FROM FAMILY OR FRIENDS	11
IN A NEWSPAPER	12
IN A MAGAZINE	13
ON THE RADIO	14
ON THE INTERNET	15
ON TELEVISION	16
SAW IT IN A STORE	17
OTHER (SPECIFY)	91

TU-20. You said you have heard of {FILL WITH LIST OF ITEMS MENTIONED IN TU-18a-jII}. Have you ever tried {this product/any of these products}?

YES	1
NO	2 (NEXT SECTION)

TU20a. Which {one/ones}?

[CODE ALL THAT APPLY.]

ACCORD	1
ADVANCE	2
ARIVA	3
ECLIPSE	4
EXALT	5
MARLBORO ULTRASMOOTH	6
OMNI	7
QUEST	8
REVEL	9
STONEWALL	10
{FILL WITH OTHER, SPECIFY IN TU-18jII}	11

BOX TU-5a

IF ONE PRODUCT NAMED IN TU-20a, ASK TU-21 THROUGH TU-24 FOR THIS PRODUCT.

IF MORE THAN ONE PRODUCT NAMED IN TU20a, SELECT ONE PRODUCT AT RANDOM FROM GROUP 1 AND ONE FROM GROUP 2. ASK TU-21 THROUGH TU-24 FOR THE RANDOMLY SELECTED PRODUCTS IN EACH GROUP.

GROUP 1: ECLIPSE, QUEST, MARLBORO ULTRASMOOTH, ACCORD, ADVANCE AND OMNI.

GROUP 2: ARIVA, REVEL, EXALT AND STONEWALL.

TU-21. Do you now use {FILL}.....

every day	1
some days, or	2
not at all?	3

BOX TU-6

IF FORMER USER OF NEW PRODUCT (TU-21=3), THEN USE
PAST TENSE IN TU-22 AND TU-23.

IF CURRENT USER OF NEW PRODUCT (TU-21=1 OR 2), THEN
USE PRESENT TENSE IN TU-22 AND TU-23.

TU-22. {Now that you are using/When you tried or used} {FILL}, {did/do} you smoke.....

less of your usual brand of cigarettes,	1
about the same number of your usual brand of cigarettes, or.....	2
more of your usual brand of cigarettes?.....	3
I DID NOT SMOKE USUAL BRAND OF CIGARETTES AT ALL / I COMPLETELY SWITCHED TO THIS PRODUCT	4

TU-23. What is the main reason you {use/tried or used} {FILL}?

INSTEAD OF QUITTING, AS A WAY TO REDUCE HEALTH RISKS	1
AS A WAY OF CUTTING DOWN THE NUMBER OF CIGARETTES/ OTHER CIGARETTES SMOKED	2
TO HELP YOU QUIT SMOKING	3
BECAUSE OF THE TASTE	4
BECAUSE LOWER COSTS/CHEAPER THAN CIGARETTES/ OTHER CIGARETTES/OTHER TYPES OF TOBACCO PRODUCTS.	5
OUT OF CURIOSITY	6
BECAUSE NOT AS STRONG/LESS NICOTINE/LIGHTER/LESS TAR THAN CIGARETTES/OTHER CIGARETTES	7
BECAUSE LESS HARMFUL TO USE AROUND FAMILY/FRIENDS/CHILDREN THAN CIGARETTES/OTHER CIGARETTES	8
BECAUSE CAN USE IN PLACES WHERE CAN'T SMOKE CIGARETTES/OTHER CIGARETTES.....	9
OTHER (SPECIFY) _____	91

TU-24. As far as you know, is {FILL}.....

less harmful than conventional cigarettes,	1
equally harmful, or	2
more harmful than conventional cigarettes?	3

REPEAT ITEMS TU-21 THROUGH TU-24 FOR ITEM IN GROUP 2 IF
APPLICABLE.

MENTAL MODEL OF CANCER: LUNG (MM)

BOX MM-1

RESPONDENTS WILL BE RANDOMLY ASSIGNED TO RECEIVE MENTAL MODEL QUESTIONS ON COLON, LUNG OR SKIN CANCER.

IF RESPONDENT IS ASSIGNED TO LUNG CANCER, CONTINUE.

IF RESPONDENT IS ASSIGNED TO LUNG CANCER, BUT HAS HAD LUNG CANCER, GO TO THE NEXT SECTION.

IF RESPONDENT IS NOT ASSIGNED TO LUNG CANCER, GO TO THE NEXT SECTION.

The next few questions are about lung cancer.

MM-01. How likely do you think it is that you will develop lung cancer in the future? Would you say your chance of getting lung cancer is . . .

- | | |
|-------------------------|---|
| very low,..... | 1 |
| somewhat low, | 2 |
| moderate,..... | 3 |
| somewhat high, or | 4 |
| very high? | 5 |

MM-02. Compared to the average person your age, would you say that you are . . .

- | | |
|---------------------------------------|---|
| more likely to get lung cancer, | 1 |
| less likely, or | 2 |
| about as likely? | 3 |

MM-03. How often do you worry about getting lung cancer? Would you say . . .

- | | |
|-----------------------|---|
| rarely or never,..... | 1 |
| sometimes, | 2 |
| often, or..... | 3 |
| all the time? | 4 |

MM-04. What are some things that people can do to reduce their chances of getting lung cancer?

[CODE ALL THAT APPLY.]

- | | |
|--|----|
| AVOID ASBESTOS | 10 |
| AVOID POLLUTED AIR..... | 11 |
| DON'T SMOKE / QUIT SMOKING | 12 |
| EAT HEALTHY | 13 |
| EXERCISE..... | 14 |
| GET SCREENED FOR CANCER / GET TESTED | 15 |
| HAVE REGULAR CHECK UPS..... | 16 |
| STAY AWAY FROM SECOND-HAND SMOKE..... | 17 |
| OTHER (SPECIFY) _____ | 91 |

MM-05. Do you agree or disagree with the following statements?

	<u>AGREE</u>	<u>DISAGREE</u>
a. There's not much you can do to lower your chances of getting lung cancer. Would you say you.....	1	2
b. There are so many different recommendations about preventing lung cancer that it's hard to know which ones to follow. (Would you say you).....	1	2
c. Lung cancer develops over a period of several years. (Would you say you...)	1	2
d. There are ways to slow down or disrupt the development of lung cancer. (Would you say you....).....	1	2
e. Lung cancer is most often caused by a person's behavior or lifestyle. (Would you say you....).....	1	2
f. It seems like almost everything causes lung cancer. (Would you say you....).	1	2
h. You are reluctant to get checked for lung cancer because you fear you may have it. (Would you say you...)	1	2
i. Getting checked regularly for lung cancer increases the chances of finding cancer when it's easy to treat. (Would you say you...)	1	2
l. People with lung cancer would have pain or other symptoms prior to being diagnosed. (Would you say you...)	1	2

MM-05g, MM-05j AND MM-05k were deleted.

MM-06. What are the common symptoms of lung cancer?

[CODE ALL THAT APPLY.]

BRONCHITIS.....	10
CHEST PAIN	11
COUGHING	12
DEPRESSION	13
DIFFICULTY BREATHING / SHORTNESS OF BREATH / WHEEZING ..	14
EXCESSIVE PHLEGM / MUCUS	15
FATIGUE / TIREDNESS.....	16
LOSS OF APPETITE	17
PNEUMONIA	18
SPITTING UP BLOOD.....	19
SWELLING OF NECK AND/OR FACE.....	20
WEAKNESS	21
WEIGHT LOSS.....	22
OTHER (SPECIFY)	91

MM-07. Overall, how many people who develop lung cancer do you think survive at least 5 years? Your best guess is fine. Would you say.....

- | | |
|-----------------------------|---|
| less than 25 percent, | 1 |
| about 25 percent, | 2 |
| about 50 percent, | 3 |
| about 75 percent, or | 4 |
| nearly all? | 5 |

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ENERGY BALANCE (EB)

NUTRITION

These next few questions are about how often you ate or drank different kinds of foods during the past 30 days, for example, twice a week, three times a month, and so forth. Include all foods you ate or drank, both at home and away from home.

EB-01. During the past 30 days, how often did you drink 100% fruit juice such as orange, apple, and grape juices? Do not include fruit drinks like Kool-Aid or Hi-C.

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

____|____|____| ____|
TIMES UNIT

[ENTER UNIT.]

PER DAY 1
PER WEEK 2
PER MONTH 3

EB-02. During the past 30 days, how often did you eat fruit? Include fresh, canned, or frozen fruit.

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

____|____|____| ____|
TIMES UNIT

[ENTER UNIT.]

PER DAY 1
PER WEEK 2
PER MONTH 3

EB-03. During the past 30 days, how often did you eat potatoes? Do not include things like fried potatoes, french fries, or rice.

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

____|____|____| ____|
TIMES UNIT

[ENTER UNIT.]

PER DAY 1
PER WEEK 2
PER MONTH 3

EB-04. During the past 30 days, how often did you eat vegetables other than potatoes? Include things like salad, cooked dried beans, corn, and broccoli.

[ENTER NUMBER.]

[IF NEVER, ENTER 95.]

|_|_|
TIMES

|_|
UNIT

[ENTER UNIT.]

PER DAY 1
PER WEEK 2
PER MONTH 3

EB-05. How many servings of fruits and vegetables do you think a person should eat each day for good health?

[IF R GIVES RANGE, PROBE FOR AN EXACT NUMBER. IF DON'T KNOW, DO NOT PROBE.]

|_|
SERVINGS

EXERCISE

The next few questions are about your exercise, recreation, and physical activity patterns.

EB-06. In a typical week, how many days do you do any moderate-intensity physical activity or exercise comparable to walking as if you were in a hurry?

|_|
DAYS

NONE 95 (EB-08)

EB-07. On the days that you do any moderate physical activity or exercise, how long are you typically doing these activities?

|_|_|
NUMBER

|_|
UNIT

[ENTER UNIT.]

MINUTES 1
HOURS 2

EB-08. How many days a week of physical activity or exercise are recommended for the average adult to stay healthy?

|_|
DAYS

NONE 95 (EB-10)

EB-09. On those days, how long should the average adult be physically active to stay healthy?

|_|_|_|
NUMBER

|_|
UNIT

[ENTER UNIT.]

MINUTES..... 1
HOURS..... 2

EB-10. As far as you know, does physical activity or exercise increase the chances of getting some types of cancer, decrease the chances of getting some types of cancer, or does it not make much difference?

INCREASES CHANCES OF CANCER..... 1
DECREASES CHANCES OF CANCER 2
MAKES NO DIFFERENCE 3

WEIGHT LOSS

EB-11. Have you tried to lose any weight in the past year?

YES..... 1
NO 2

EB-12. Are you aware of low carbohydrate, high protein diets such as the Atkins Diet, the Zone, Sugar Busters, or the South Beach Diet?

YES..... 1
NO 2 (BOX EB-1)

EB-13. Have you tried a low carbohydrate, high protein diet in the past 12 months?

YES..... 1
NO 2

EB-14 WAS DELETED.

EB-15. Do you think that a low carbohydrate, high protein diet is a healthy way to lose weight?

YES..... 1
NO 2

BOX EB-1

RANDOMIZE RESPONDENTS TO RECEIVE
EITHER NUTRITION OR EXERCISE SERIES IN
EB-16 THROUGH EB-21.

DIET AND EXERCISE INFORMATION

EB-16. When you hear or read a new recommendation about {nutrition/physical activity or exercise}, are you more likely to pay attention to it or to ignore it?

PAY ATTENTION TO IT 1
IGNORE IT 2 (EB-18)

EB-17. Think about the last time you heard a new recommendation about {nutrition/physical activity or exercise}. Which of the following things did you do in response to the new recommendation?

I changed what I do, 1
I did not change what I do, or..... 2
I waited to get more information..... 3

EB-18. How much do you agree or disagree with the following statement? There are so many different recommendations about {nutrition/physical activity or exercise} that it's hard to know which ones to follow. Would you say you

strongly agree, 1
somewhat agree, 2
somewhat disagree, or..... 3
strongly disagree? 4

BOX EB-2

IF RESPONDENT WAS RANDOMIZED TO
RECEIVE NUTRITION SERIES, GO TO EB-20.
OTHERWISE, CONTINUE.

EB-19. People who are overweight can lose a significant amount of weight by doing 30 minutes of moderate activities such as brisk walking on most days of the week. Would you say you. . .

strongly agree, 1
somewhat agree, 2
somewhat disagree, or..... 3
strongly disagree? 4

EB-20. Now think about {nutrition/physical activity or exercise} and cancer. Within the past 12 months, have you seen, heard, or read anything about {nutrition/physical activity or exercise} and cancer?

YES..... 1
NO 2 (EB-22)

BOX EB-3

IF RESPONDENT DOES NOT WATCH TV (HC-01a=95) THEN
SKIP EB-21a.

IF RESPONDENT CANNOT READ (HC-03a=9) THEN
SKIP EB-21b AND EB-21c.

IF RESPONDENT DOES NOT USE THE INTERNET (GA-1=2) THEN
SKIP EB-21d.

EB-21. Thinking about the past 12 months only, how much have you heard about {nutrition/physical activity or exercise} and cancer [FILL SOURCE]? Would you say a lot, some, a little or not at all? (How about from [FILL SOURCE])?

[ASK IN RANDOM ORDER.]

	<u>A LOT</u>	<u>SOME</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>
a. on television?	1	2	3	4
b. in newspapers.....	1	2	3	4
c. in magazines.....	1	2	3	4
d. on the Internet.....	1	2	3	4
e. from a doctor or other health care professional? ...	1	2	3	4

HEIGHT AND WEIGHT

The next questions are about your health now.

EB-22. About how tall are you without shoes?

[ENTER FEET.]

|_|_|
FEET

[ENTER INCHES. ROUND FRACTIONS OF INCHES DOWN TO WHOLE INCH.]

|_|_|
INCHES

EB-23. About how much do you weigh without shoes?

[ROUND FRACTIONS UP TO WHOLE NUMBER.]

|_|_|_|
POUNDS

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HEALTH STATUS (HS)

HS-01. In general, would you say your health is...

excellent,.....	1
very good,.....	2
good,.....	3
fair, or.....	4
poor?.....	5

DEPRESSION

Next are some questions about feelings you may have experienced over the past 30 days.

HS-02. During the past 30 days, how often did you feel [FEELING]? Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

	ALL OF <u>THE TIME</u>	MOST OF <u>THE TIME</u>	SOME OF <u>THE TIME</u>	A LITTLE OF <u>THE TIME</u>	NONE OF <u>THE TIME</u>
a. so sad that nothing could cheer you up	1	2	3	4	5
b. nervous.....	1	2	3	4	5
c. restless or fidgety	1	2	3	4	5
d. hopeless	1	2	3	4	5
e. that everything was an effort	1	2	3	4	5
f. worthless	1	2	3	4	5

BOX HS-1

IF RESPONDENT HAD ANY OF THE FEELINGS IN HS-02
 ALL, MOST, OR SOME OF THE TIME, CONTINUE.
 OTHERWISE, GO TO HS-04.

HS-03. The last few questions were about a number of feelings you had during the past 30 days. Altogether, how much did these feelings interfere with your life or activities? Would you say . . .

a lot,.....	1
some,.....	2
a little, or	3
not at all?	4

HEALTH COVERAGE

HS-04. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

YES.....	1
NO	2

HS-05. During the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse or other health care provider to get care for yourself?

1 TIME	1
2 TIMES	2
3 TIMES	3
4 TIMES	4
5-9 TIMES.....	5
10 OR MORE TIMES.....	6
NONE	95

SOCIAL NETWORKS (SN)

Next are some questions about your participation in community organizations. By community organization we mean any group that you might participate in such as church, sports leagues, self-help groups, service clubs, or professional organizations.

SN-01. How many community organizations are you currently a member of?

NUMBER

NONE 95 (SN-03)

SN-02. {Does this/Do any of these} community organization{s} provide you with information on health?

YES..... 1
NO 2

SN-03. Do you have friends or family members that you talk to about your health?

YES..... 1
NO 2 (SN-05)

SN-04. How frequently do you talk to these friends or family members about health? Would you say.....

very frequently, 1
somewhat frequently, or 2
not very frequently? 3

SN-05. How many people live near you who you can rely on in case you need a ride to visit your health care provider?

[ENTER NUMBER.]

[IF NONE, ENTER 95.]

NUMBER

SN-06. Not including funerals and weddings, how often do you attend religious services? Would you say....

every week, 1
once or twice a month, 2
a few times a year, or 3
never? 4

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DEMOGRAPHICS (DM)

It's getting close to the end of the survey. There are just a few more questions.

DM-01. Are you currently . . .

employed for wages,	1
self-employed,	2
out of work for more than one year,	3
out of work for less than one year,	4
a homemaker,	5
a student,	6
retired, or	7
unable to work?	8

DM-02. Are you . . .

married,	1
divorced,	2
widowed,	3
separated,	4
never been married, or	5
living with a partner?	6

DM-03. What is the highest level of school you completed?

NEVER ATTENDED SCHOOL OR ONLY ATTENDED NUSERY SCHOOL/KINDERGARTEN	1
GRADES 1 THROUGH 5 (ELEMENTARY)	2
GRADES 6 THROUGH 8 (MIDDLE)	3
GRADES 9 THROUGH 12 (SOME HIGH SCHOOL BUT NO DIPLOMA) HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR EQUIVALENT, E.G., GED, FOREIGN EQUIVALENT)	4
VOCATIONAL OR TRADE SCHOOL GRADUATE	5
SOME COLLEGE, BUT NO DEGREE	6
ASSOCIATE DEGREE IN COLLEGE	7
BACHELOR'S DEGREE	8
MASTER'S DEGREE	9
PROFESSIONAL SCHOOL OR DOCTORATE DEGREE (MD, DDS, JD, DVM, Ph.D., EdD, etc)	10
	11

DM-04. Are you Hispanic or Latino?

YES	1
NO	2

DM-05. Which one or more of the following would you say is your race? Are you American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, or White?

[CODE ALL THAT APPLY. IF R SAYS "HISPANIC," PROBE FOR ONE OF THE LISTED RACE CATEGORIES.]

WHITE	10
BLACK	11
ASIAN	12
AMERICAN INDIAN OR ALASKA NATIVE.....	13
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	14

DM-06. Where you born in the United States?

YES.....	1 (BOX DM-1)
NO	2

DM-07. In what year did you come to live in the United States?

|_|_|_|_|
YEAR

BOX DM-1

IF RESPONDENT IS HISPANIC OR WAS NOT
BORN IN THE UNITED STATES, CONTINUE.
OTHERWISE, GO TO DM-09.

DM-08. How comfortable do you feel speaking English? Would you say....

completely comfortable,.....	1
very comfortable,	2
somewhat comfortable,.....	3
a little comfortable, or.....	4
not at all comfortable?.....	5
ENGLISH IS NATIVE LANGUAGE.....	6
DOES NOT SPEAK ENGLISH	95

DM-09. Do you currently rent or own your home?

OWN	1
RENT	2
OCCUPIED WIHTOUT PAYING MONETARY RENT	3

DM-10 WAS DELETED.

DM-11. Including yourself, how many people live in your household?

|_|_|_| (IF "1", GO TO DM-14)
NUMBER

DM-12. How many people in your household are related to you by blood, marriage, or adoption?

|_|_|_|
NUMBER [IF 0, GO TO DM-14]

DM-13. How many of these family members are under the age of 18?

NUMBER

DM-14. {Thinking about members of your family living in this household, what/What} is your {combined} annual income, meaning the total pre-tax income from all sources earned in the past year?

\$ _____

IF DK OR RF, ASK: Is your annual household income from all sources.....

	<u>YES</u>	<u>NO</u>	
a. less than \$25,000?	1	2	(GO TO DM-14e)
b. less than \$20,000?	1	2	(DM-15)
c. less than \$15,000?	1	2	(DM-15)
d. less than \$10,000?	1 (DM-15)	2	(DM-15)
e. less than \$35,000?	1 (DM-15)	2	
f. less than \$50,000 (\$35,000 to less than \$50,000)?	1 (DM-15)	2	
g. less than \$75,000 (\$50,000 to less than \$75,000)?	1 (DM-15)	2	
h. less than \$100,000? (\$75,000 to less than \$100,000)?	1 (DM-15)	2	
i. less than \$200,000? (\$100,000 to \$200,000)?	1 (DM-15)	2	
j. \$200,000 or more?	1	2	

DM-15. At the end of the month, how much money are you able to put aside? Your best estimate is fine.

NOTHING	1
LESS THAN \$100	2
\$101 TO \$250	3
\$251 TO \$500	4
\$501 TO \$1,000	5
MORE THAN \$1,000	6

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DEBRIEFING QUESTIONS (DB)

There are just a few final questions for you about your participation in this study.

BOX DB-1

IF THE RESPONDENT COMPLETED THE QUESTIONNAIRE BY
TELEPHONE, GO TO BOX DB-2.

IF RESPONDENT COMPLETED THE QUESTIONNAIRE BY
INTERNET, CONTINUE.

INTERNET COMPLETERS

DB-01. You were given a choice of whether to do this questionnaire over the phone or over the Internet. Why did you decide to do this survey over the Internet?

DB-02. Did you receive an e-mail with information about how to complete the survey over the Internet?

Yes..... 1 (DB-04)
No 2

DB-03. Did you receive a letter with information about how to complete the survey over the Internet?

Yes..... 1
No 2

DB-04. Did you have any difficulties accessing the survey?

Yes..... 1
No 2 (DB-06)

DB-05. What difficulties did you have?

DB-06. How satisfied were you with the speed of your connection to the survey? Would you say.....

very satisfied, 1
somewhat satisfied, 2
somewhat dissatisfied, or..... 3
very dissatisfied? 4

DB-07. Did you complete this survey all in one sitting, or did you do it in more than one sitting?

I completed the survey all in one sitting 1
I completed the survey in more than one sitting..... 2

DB-08. During the time that you have been completing this survey, were you also doing other things such as talking to someone, reading a newspaper, or caring for children?

Yes..... 1
No 2 (DB-10)

DB-09. What other things were you doing?

DB-10. Where were you when you completed this survey?

Home	11
Work	12
School	13
A public library	14
Some other place (specify)	91

GO TO DB-15

TELEPHONE COMPLETERS

BOX DB-2

IF RESPONDENT HAS BEEN RANDOMIZED TO SKIP THE DEBRIEFING QUESTIONS,
GO TO THE NEXT SECTION.

IF RESPONDENT HAS BEEN RANDOMIZED TO ANSWER THE DEBRIEFING QUESTIONS
AND IS IN THE TELEPHONE-ONLY GROUP, GO TO DB-15.

IF RESPONDENT HAS BEEN RANDOMIZED TO ANSWER THE DEBRIEFING QUESTIONS
AND IS IN THE CHOICE GROUP, CONTINUE.

DB-11. You were given a choice of whether to do this questionnaire over the phone or over the Internet. Why did you decide to do this survey over the telephone?

[CODE ALL THAT APPLY.]

COMPUTER NOT WORKING	10
DIDN'T THINK I WOULD DO IT	11
DON'T HAVE TIME TO DO IT ON THE INTERNET	12
DON'T USE THE INTERNET VERY OFTEN	13
DON'T USE THE INTERNET VERY WELL	14
OTHER, SPECIFY	91

DB-12 WAS DELETED.

BOX DB-3

IF RESPONDENT ORIGINALLY CHOSE TELEPHONE (GA-05=1), GO TO DB-15.

IF RESPONDENT ORIGINALLY CHOSE INTERNET (GA-05=2), THEN CONTINUE.

DB-13. Did you receive an e-mail with information about how to complete the survey over the Internet?

YES	1 (DB-15)
NO	2

DB-14. Did you receive a letter with information about how to complete the survey on the Internet?

YES..... 1
NO 2

ALL RESPONDENTS

DB-15. What do you think about the length of this survey? Would you say. . . .

The survey was too short,..... 1
The survey was too long, or..... 2
The survey was a good length? 3

BOX DB-4

IF RESPONDENT IS NOT RECEIVING AN
INCENTIVE, GO TO THE NEXT SECTION.
OTHERWISE, CONTINUE.

DB-16. How likely is it that you would have participated in this survey if you were not receiving {FILL AMOUNT}? Would you say.....

very likely, 1
somewhat likely, 2
somewhat unlikely, or 3
very unlikely? 4

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CONTACT INFORMATION (CI)

BOX CI-1

IF RESPONDENT HAS NOT BEEN SELECTED FOR
AN INCENTIVE, GO TO END STATEMENT 2.

We would like to send you a check for {FILL AMOUNT} as a thank you for your participation in this study.

CI-01. What would be the best name and address to put on the check?

DK..... (END STATEMENT2)

RF..... (END STATEMENT2)

FIRST NAME

LAST NAME

STREET ADDRESS1

STREET ADDRESS2

CITY

STATE

_____-_____
ZIP CODE

END STATEMENT 2. If you have questions about cancer or want some information about cancer, you can call
1-800-4-CANCER or go to the National Cancer Institute's web site at: www.cancer.gov.
Those are all of the questions that I have for you. Thank you for your time.

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